

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/339 782	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	1						58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1						63						
14		6					64						
15		6					65						
16		0					66						
17		0					67						
18		2					68						
19		6					69						
20		6					70						
21			1		1		71						
22				1		1	72						
23				1		1	73						
24				1		1	74						
25				1		1	75						
26			1		1		76						
27				1		1	77						
28				1		1	78						
29				1		1	79						
30				1		1	80						
31				6		6	81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		2		2		TOTAL IND.						
TOTAL DEP.	37		14		16		TOTAL DEP.						
TOTAL CLAIMS	41		16		18		TOTAL CLAIMS						